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CONFIRMATION NO. 9137

Bib Data Sheet

SERIAL NUMBER 10764,214	FILING DATE 01/23/2004 RULE	CLASS 053	GROUP ART UNIT 3721	ATTORNEY DOCKET NO. RWZ/77
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APPLICANTS

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** CONTINUING DATA *****

NONO

** FOREIGN APPLICATIONS *****

NONO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 04/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	KY	2	20	2
Examiner's Signature <i>[Signature]</i> Initials <i>PD</i>				

ADDRESS

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TITLE

Over-wrapped carton and associated production method

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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